

# CLAIMS ONLY

Application Number

101707033

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	<del>AS FILED</del>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3	/					
4	/					
5	/					
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	22					
Total Claims	24					

  

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						